



NH Medicaid Care Management Program

The Recipient Participation Guide

MCM Participation	Recipient's Type of Assistance	Health Plan Selection Process	Coverage*
Voluntary** – Not required to enroll	<ul style="list-style-type: none"> Children in Foster Care Home Care for Children with Severe Disabilities (also known as the Katie Beckett benefit) Children with Supplemental Security Income Dually Eligible for Medicare and Medicaid Special Medical Services and Partners In Health enrollees 	<p>Recipient is provided notice and 60-65 days to “opt in” to MCM coverage. If the recipient does not self-select a Health Plan or does not “opt out” the recipient will be autoassigned to a Health Plan.</p> <p>The recipient can opt in and out of participation in the program at any time. Those who “opt out” of participation will NOT lose Medicaid coverage. Individuals will be covered through Medicaid Fee-for-Service.</p>	<p>Recipients who self-select or who are autoassigned will begin coverage under their respective Health Plan on the first day of the first month after they have enrolled with a Health Plan until such time as:</p> <ul style="list-style-type: none"> The recipient's participation status changes, The recipient “opts out,” or The recipient loses eligibility.
Exempt/Excluded – Not permitted to enroll	<ul style="list-style-type: none"> Spend-down Clients Recipients of benefits from the Veterans Administration Qualified Medicare Beneficiaries (QMB) Special Low-Income Medicare Beneficiaries (SLMB) Qualified Disabled Working Individual (QDWI) 	<p>Recipient is informed that because of a type of assistance they receive they are unable to participate in the MCM program. These individuals will not lose Medicaid coverage. Medicaid will cover these individuals Medicaid Fee-for-Service.</p>	<p>Coverage is maintained under the NH Medicaid's Fee-for Service model of administration until such time as the recipient's participation status changes to either Voluntary or Mandatory.</p>
Mandatory – Required to enroll	<ul style="list-style-type: none"> All other Medicaid recipients (including children) 	<p>Recipient is provided notice and 60 -65 days to select a Health Plan. Not selecting a Health Plan means the recipient will be autoassigned to one.</p>	<p>Coverage begins on the first day of the first month after the recipient has enrolled with a Health Plan and continues until such time as:</p> <ul style="list-style-type: none"> The recipient's participation status, changes, or The recipient loses eligibility.

*The first day of coverage under the MCM program will begin on 12/1/13. This is an exception to the standard start for coverage, as described in the chart to be the first day of the first month after enrollment.

** Long term care supports and services including waiver services will continue to be covered under Medicaid Fee-for-Service regardless of whether the participant “opts out” of participation in the MCM program. **Please note:** Behavioral Health services are services covered by the members' Health Plan.